

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042701

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3.000

Registrar's No. 403

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Novinger

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Adair

c. CITY
OR
TOWN

Novinger

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Laughlin Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

RFD # 2

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Earl

Middle J..

Last Cole

4. DATE OF DEATH

Month Dec

Day 11,

Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/19/1898

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Adair Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Cole

13b. MOTHER'S MAIDEN NAME

Lucy Mosley

14. NAME OF DECEASED'S WIFE

Bulah Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Earl J. Cole-Novinger, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MASSIVE CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH

1 hr 20 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

TRACTOR ACCIDENT - EXPOSURE

15 Hours

DUE TO (c)

AND SHOCK

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

PINNED UNDER OVERTURNED TRACTOR

20c. TIME OF INJURY

Hour 8:30

Month 12

Day 10

Year 1963

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

FARM

20f. CITY, TOWN, OR LOCATION

NOVINGER -

COUNTY

ADAIR

STATE

MO

21. I attended the deceased from 12-10-63 to 12-11-63 and last saw him alive on 12-11-63. Death occurred at 5:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print)

Earl J. Cole

22b. ADDRESS

KIRKSVILLE, MO

22c. DATE SIGNED

12-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/13/63

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills Cemetery

23d. LOCATION (City, town, or county)

Kirkville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Davis & Davis-Kirkville, Mo.

25. DATE RECD. BY LOCAL REG.

12-13-1963

26. REGISTRAR'S SIGNATURE

Doris W. Gatliff

1977-84 01-108

No permit issued

EARE LAUGHLIN, JR., D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.